STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
American Aca	demy of Audiology, Inc. PAC	
ADDRESS (number and	street) 11730 Plaza America Drive Suite 30	
(Check if address is changed)		
	Reston	VA 20190
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	ccarey@audiology.org	
	DAGE ADDRESS (UDL)	
	PAGE ADDRESS (URL) www.audiology.org	
(Check if address is changed)	www.audiology.org	
2. DATE 0.3	27 2009	
3. FEC IDENTIFICA	TION NUMBER C C00342972	
4. IS THIS STATEM	IENT X NEW (N) OR AMENDED (A)	
I certify that I have exam	ned this Statement and to the best of my knowledge and belief it is true, correct	t and complete
	Chand Caray	
Type or Print Name of	Treasurer Cheryl Carey	
Signature of Treasurer	Electronically Filed by Cheryl Carey	Date 0 3 / D 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this S ANY CHANGE IN INFORMATION SHOULD BE REPORTE	•
Office Use Only	For further information Federal Election Community Toll Free 800-424-95 Local 202 694 1100	nission FEC FORM 1